

DEMOGRAPHIC RISK PROFILE:

1. Are you a male age 65 or older?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you been recently hospitalized for a mental health crisis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have a chronic, terminal, or painful medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Do you have poor or inadequate stress tolerance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you committed any violence within the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Do you have a history of impulsive or self-destructive behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Have you had a recent or impending loss?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Have you experienced any physical or sexual abuse as a child?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Do you have a family history of suicide, or suicidal behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Do you have poor social support, and/or are living alone?	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Do you currently have any unhealthy relationships?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Do you have access to any lethal means?	<input type="checkbox"/> No <input type="checkbox"/> Yes

SYMPTOMATIC RISK PROFILE:

1. Do you currently have symptoms of depression or dysphoria?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Are you experiencing severe anhedonia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Are you experiencing social isolation, or hopelessness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Are you prone to self-reproach or feelings of worthlessness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have persistent suicidal ideation or thoughts of self-harm?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Are you currently feeling suicidal?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Are you currently having any homicidal ideation?	<input type="checkbox"/> No <input type="checkbox"/> Yes